

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573039

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/					51					51	
2		/					52					52	
3		/					53					53	
4							54					54	
5							55					55	
6							56					56	
7							57					57	
8							58					58	
9							59					59	
10							60					60	
11							61					61	
12							62					62	
13							63					63	
14							64					64	
15							65					65	
16							66					66	
17							67					67	
18							68					68	
19							69					69	
20							70					70	
21							71					71	
22							72					72	
23							73					73	
24							74					74	
25							75					75	
26							76					76	
27							77					77	
28							78					78	
29							79					79	
30							80					80	
31							81					81	
32							82					82	
33							83					83	
34							84					84	
35							85					85	
36							86					86	
37							87					87	
38							88					88	
39							89					89	
40							90					90	
41							91					91	
42							92					92	
43							93					93	
44							94					94	
45							95					95	
46							96					96	
47							97					97	
48							98					98	
49							99					99	
50							100					100	
TOTAL IND.		/											
TOTAL DEP.		2											
TOTAL CLAIMS	3												